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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **60-DAY NOTICE AND ANNUAL REPORT** SEPTEMBER 1, 2008

MUST BE RECEIVED BY OCTOBER 31, 2008



ORG	ANIZ	ATION	IID#
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0622584

STATE OR COUNTRY OF INCORPORATION

ORGANIZATION DATE

09/28/2005

FILING

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

ROCKY MOUNTAIN LOGISTICS, INC. PO BOX 436466

RECEIVED

LOUISVILLE, KY 40253-6466	SEP 0 5 2008	
	SECRETARY OF STATE COMMONWEALTH OF KY	
(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS Changes made to the registered agent or registered office cannot be made on this form. Complete (3) to request a form to be mailed or download form from web site.	(3) A. Statement of Change of Designated or Principal Office Address Form B. Statement of Change of Registered Agent or Registered Office Form MAIL FORM TO	
JON BOATRIGHT 335 PETERSON DRIVE TAYLORSVILLE, KY 40071		
(4) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses be returned if business addresses are not listed. If the corporation has previously filed are any additions to or changes in the principal officers and give the business address for each officer.	n annual report, verify the names and titles of officers listed below. Please note	
President Jon Boatright		
Vice President Gary A Remmers	Address	
	Address	
(KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (I	directors. No listing of directors is verification that the corporation has dispensed with directors KRS 273.211). The annual report will be returned if business addresses are not listed. Address	
Gary A Remmers	Address	
Name	Address	
(6) Check here if you are a cooperative corporation or association organiz Check here if you are a rural electric or rural telephone cooperative cor	ed under Kris 70 Progration organized under KRS 279	
I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS OF Signature of Oticer or Chairman of the Board Type or Pri	CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.	
ANNUAL REPORT AND FILING FEE Submit for filing the completed annual report form and correct filing fee as indica	ted above. Make check payable to the "Kentucky State Treasurer". Please do	

not send cash.

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 OFFICE LOCATION Secretary of State

State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.